



SAFENET
Wildland Fire Safety and Health Network

REPORTED BY

Name (optional) _____ Phone _____
Agency/Organization _____ Date Reported _____

EVENT

Date and Time _____ Jurisdiction/Local Unit _____
Incident Name & Number _____ State _____

Incident Type	Incident Activity	Stage of Incident
<input type="checkbox"/> Wildland	<input type="checkbox"/> Line	<input type="checkbox"/> Initial Attack
<input type="checkbox"/> Prescribed	<input type="checkbox"/> Support	<input type="checkbox"/> Extended Attack
<input type="checkbox"/> Wildland Fire Use	<input type="checkbox"/> Transport to/from	<input type="checkbox"/> Transition
<input type="checkbox"/> All Risk	<input type="checkbox"/> Readiness/Preparedness	<input type="checkbox"/> Mop Up
<input type="checkbox"/> Training		<input type="checkbox"/> Demobe
<input type="checkbox"/> Fuel Treatment		<input type="checkbox"/> Non-Incident
<input type="checkbox"/> Work Capacity Test		<input type="checkbox"/> Other

Position Title

Task

Management Level

Resources Involved

CONTRIBUTING FACTORS

- | | | |
|--|--|--|
| <input type="checkbox"/> Fire Behavior | <input type="checkbox"/> Environmental | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Human Factors | <input type="checkbox"/> Equipment | <input type="checkbox"/> Other (Explain Below) |

Other:

NARRATIVE

Describe in detail what happened including the concern of potential issue, the environment (weather, terrain, fire behavior, etc), and the resulting safety/health issue. If more room is required, write on a separate piece of paper and include it with this form



NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

BUSINESS REPLAY MAIL

FIRST-CLASS MAIL PERMIT NO. 253 BOISE, ID

**SAFENET
PO BOX 16645
BOISE ID 83715-9750**

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S A F E N E T
Wildland Fire Safety and Health Network



The purpose of SAFENET is:

1. To provide reporting and documentation of unsafe situations or close calls.
2. To provide a means of sharing safety information throughout the fire community.
3. To provide long-term data that will result in identifying trends.

Submitting a SAFENET is not a substitute for on the spot corrections!

When filing a SAFENET:

You have the option of submitting SAFENET at any level of the organization, but are encouraged to submit it to your supervisor for immediate corrective action.

If you submit SAFENET directly to the national center, you are encouraged to provide a copy to your supervisor.

You have the right to report unsafe conditions anonymously, in accordance with 29 CFR 1960.

**File a SAFENET by Phone
1-888-670-3938**

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CORRECTIVE ACTION

Please document how you tried to resolve the problem and list anything that, if changed, would prevent this safety issue in the future.

PMS 405-2 (3/00)

NFES 2633